


Commonwealth of Massachusetts

Unfired Pressure Vessel Report of Inspection

Date Inspected *	Cert. Exp Date *	Certificate Posted	Owner No.	Jurisdiction Number *	Nat'l Bd. No.	Other No.
01/29/2009	01/29/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MA050700		1
Owner Stavis Seafoods Inc.			Nature Of Business Miscellaneous Marine Products		Kind of Insp <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address 7 Channel St.			Owner City Boston		State MA	Zip 02210-2317
User Name - Object Location Stavis Seafoods Inc.			Specific Location in Plant COMPRESSOR RM		Object Location - County Suffolk	
User Street Address 7 Channel St.			User City Boston		State MA	Zip 02210-2317
Type * RE		Year Built * 1984	Manufacturer * MYCOM			ASME Code * U
Use * PRO		Size				
Head Type		Min Head Thick (in)		Min Shell Thick (in)		Pressure Gauge Tested * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pressure Allowed	This Inspection * 250 psi	Prev. Inspection 250 psi	Safety Relief Valves Set At * 250 psi	Total Capacity * 1706		Explain if Pressure Changed
Thickness Reading Method		Head Thick Reading #1(in)	Head Thick Reading #2(in)	Head Thick Reading #3(in)	Head Thick Reading #4(in)	
Shell Thick Reading #1(in)		Shell Thick Reading #2(in)	Shell Thick Reading #3(in)	Shell Thick Reading #4(in)		
Is condition of object such that a certificate may be issued? * (If No, explain fully under condition)				Hydro Test <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Facility Type Private		PSI DATE				
<p>CONDITIONS: With respect to the internal surface, describe and state location of any scale, oil or other deposits. Give location and extent of any corrosion and state whether active or inactive. State location and extent of any erosion, grooving, bulging, warping, cracking or similar condition. Report on any defective rivets, bowed, loose or broken stays. State condition of all tubes, tube ends, coils, nipples, etc. Describe any adverse conditions with respect to pressure gage, water column, gage glass, gage cocks, safety valves, etc. Report conditions of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection. ** Inspection comment is required. **</p> <p>No adverse conditions noted.</p>						
<p>REQUIREMENTS: (List of Code Violations)</p>						
Name and Title of Person to Whom Requirements Were Explained Leonard Bouley						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION 						
Inspector William Reny		Ident. No. MA-1863 NB-13246		Employed By CNA Insurance Company		Ident. No.